

Declaration and Power of Attorney Under Patent Cooperation Treaty 35 USC §371(c)(4)

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled, Spectroscopic Probe

described and claimed in international application number PCT/GB01/00170 filed 18 January 2001
and as amended on _____ (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

United Kingdom Patent Application No. 0000954.8 filed 18 January 2000

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;
Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Full name of Sole or First Inventor Robert Bennett
Given Name Middle Initial Family Name

*4 Inventor's Signature [Signature]

*5 Date of Signature August 29th 2001
Month Day Year

6 Residence Nympsfield Gloucestershire United Kingdom
City State or Province Country

7 Citizenship United Kingdom

8 Post Office Address 11 Tinkley Corner, Nympsfield, Gloucestershire,
(Insert complete mailing address, including country) GL10 3TT, United Kingdom

PCT DECLARATION FORM

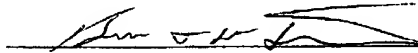
*Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

2-00

3 Typewritten Full Name of Brian J E Smith
Second Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

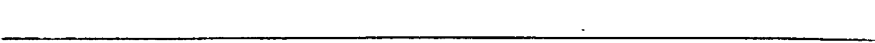
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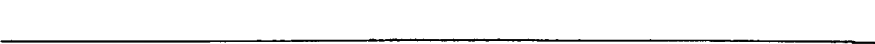
*6 Residence Bristol South Gloucestershire United Kingdom
City State or Province Country


*7 Citizenship United Kingdom


8 Post Office Address
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BS37 7LF, South Gloucestershire, United Kingdom

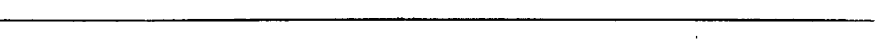
3 Typewritten Full Name of
Third Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

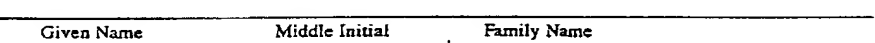
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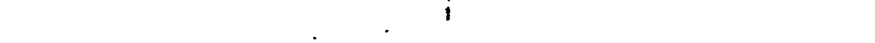
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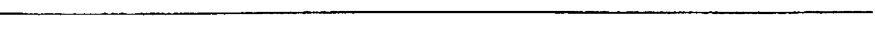
*7 Citizenship 

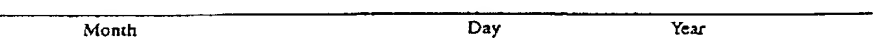
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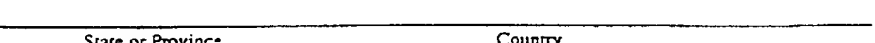
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Fourth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

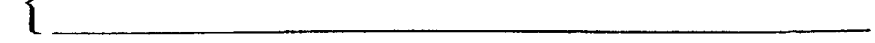
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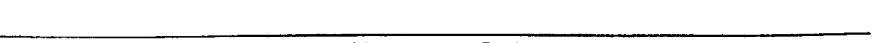
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*7 Citizenship 

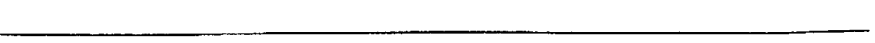
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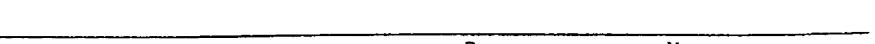
3 Typewritten Full Name of
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature 
Month Day Year

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City State or Province Country

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This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.